

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90050 005 ***150.00

DOCUMENT # P94000078186
 1. Entity Name
5024 of Florida, Inc.

Principal Place of Business Mailing Address
147 NE 10th Ave.
N. Miami, Fl. 33161

2. Principal Place of Business 3. Mailing Address
13935 NW 1st Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Miami, FL
 Zip Country Zip Country
33168

4. FEI Number 65-0528314 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Thomas A Behar CPA
14730 NE 10 Ave.
N. Miami, FL 33161

7. Name and Address of New Registered Agent
 Name Perez Behar & Assoc., P.A.
 Street Address (P.O. Box Number is Not Acceptable)
13935 NW 1st AVENUE
MIAMI, FLORIDA 33168
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE Sandra Peres Pres. DATE 4/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Alexis Hernandez</u> <input type="checkbox"/> Delete <u>14730 NE 10 AVE.</u> <u>N. Miami, FL 33161</u>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: Alexis Hernandez DATE: 4/22/00 DAYTIME PHONE #: 688-9694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)